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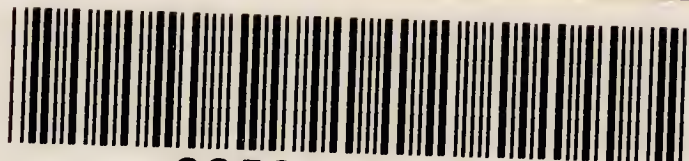
TWENTY-FIFTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT NORTHAMPTON,
FOR THE YEAR ENDING SEPTEMBER 30, 1880.

BOSTON :

Rand, Aberg, & Co., Printers to the Commonwealth,
117 FRANKLIN STREET.

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OFFICERS OF THE NORTHAMPTON LUNATIC HOSPITAL.

TRUSTEES.

HENRY W. TAFT, Esq.	PITTSFIELD.
LYMAN D. JAMES, Esq.	WILLIAMSBURG.
HON. WILLIAM M. GAYLORD	NORTHAMPTON.
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DANIEL PICKARD, M.D.	. . .	SECOND ASSISTANT PHYSICIAN.
WALTER B. WELTON	. . .	CLERK.
ASA WRIGHT	. . .	FARMER.
DANFORD MORSE	. . .	ENGINEER.

TREASURER.

PLINY EARLE	NORTHAMPTON.
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OFFICE AT THE HOSPITAL.

SUBORDINATE OFFICERS.

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LUCY A. GILBERT	FEMALE SUPERVISOR.
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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To his Excellency the Governor of the Commonwealth, and the Honorable Council.

THE Trustees of the Northampton Lunatic Hospital have the honor to present to you their Twenty-fifth Annual Report.

The object for which this institution was created being the custody, the care, and, if possible, the restoration from disease, of the persons legally committed to its charge, we first lay before you the statistics of the movement of the population of its patients, and the general results of treatment for the year.

The number of patients in the Hospital Sept. 30, 1879, was, of men 224, and of women 218: total, 442. The number received in the course of the official year is, of men 59, of women 58: total, 117. Hence the whole number under the care of the Hospital during at least some part of the year is, of men 283, of women 276: total, 559. The number who left the Hospital by discharge is, of men 43, of women 41, — a total of 84; and the number who died is 29, of whom 17 were men, and 12 women.

On the 30th of September, 1880, the number remaining in the Hospital was, of men 223, and of women 223, — a total of 446. The daily average number for the year, of patients resident in the Hospital, was a fraction more than 450. The largest number in the house on any day was 458, on the 23d of March, 1880; and the smallest number on any day was 442, on each of six days in the first half of September, 1880.

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Of the 84 patients who left the Hospital, the mental condition, at the time of discharge, is recorded as recovered, for 28; much improved, for 11; improved, for 23; and unimproved, for 19.

When this Hospital was opened, its accommodations exceeded the requirements of the people of the four western counties of the State, for whose benefit it was especially intended. Throughout the first nineteen years of its operations, the direct commitments to it were not sufficient to keep it full, and consequently patients were from time to time transferred to it from the other similar State institutions of Massachusetts. When the new Hospital at Worcester was opened, those transfers were stopped, and on the 30th of October, 1877, twenty-five of our patients were removed to the Asylum for Chronic Insane at Worcester. These removals left 449 patients in this Hospital. A period of three years, less one month, has elapsed; and although the number now here is less by three than it was at that time, still, during a large part of the official year, the number has been over 450; and the daily average number for the whole year, as has just been stated, was 450 and a fraction. Hence it appears that the population of the four western counties of the State is now sufficient for the supply of all the patients that can be accommodated here.

In regard to future provision for the insane, the tendency of opinion appears to be toward the separation of the incurables from the curables, and placing them in buildings adjacent to, and dependent upon, existing hospitals, rather than in new and independent establishments. Under these circumstances, we have thought it a measure of prudent foresight to purchase a lot of between five and six acres of land adjoining the Samuel Parsons lot, on the south side of the county-road, opposite the main-entrance gate upon the Hospital premises. By this purchase we have secured an excellent and very beautiful site for any additional dwellings, whether large or small, which it may in the future be decided to erect in connection with this institution. There is no finer or more desirable spot for such edifices in the township of Northampton. The easterly part of the lot has been greatly improved, in the course of the summer, by a large amount of grading.

A small wooden building in the rear of the north wing has been used, for many years, as an appendage to the kitchen, partly as a scullery, and partly as a store-room for the offal of the vegetables and of the dining-rooms, until it can be carried to the piggery. As this building had become much dilapidated, and as something of the kind appeared to be necessary, it was removed, in the early part of the official year, and replaced by a permanent and substantial brick edifice. By making it somewhat larger than the old one, room was obtained for the storage of several hundred bushels of charcoal.

A section of the main sewer, leading from the Hospital to the reservoirs in the meadow, having become defective, it was decided to make a new one, deviating from the line of the old one which, in two places, ran beneath the wall of the ox-yard. The old one was quadrangular in shape and made of stone, and its defects were a consequence of such construction. The new one is of brick, cylindrical, and of two feet calibre.

The current of Mill River, which bounds the farm upon the northern side, has for many years been carrying away the soil of the meadow, one of the best sections of the premises for agricultural purposes. As a permanent preventive of this encroachment, several hundred feet of the bank of the river was rip-rapped with large stones in the autumn of 1879. It is intended further to prosecute the work before the close of the current calendar year.

The baluster of the two winding staircases which extend from the first to the fourth floor, in the rotunda of the central building, has been surmounted by a wire screen, of diamond mesh, two and a half feet in height, for the greater security from accidents to the inmates.

Under the law of 1879, the price charged for the board of State and town patients was three dollars per week for the first six months of the official year; and, under the law of 1880, three dollars and twenty-five cents per week during the last six months. This, with our income from private patients and other sources, has been sufficient to meet the current expenses, to pay for such improvements as it has been thought expedient to make, and to increase, to some extent, our working capital.

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We estimate the actual average cost, per patient, for the year just closed, to have been \$3.155 per week.

The charges for board, in the course of the official year, for each of the three classes of patients, together with their total, are as follows:—

For State patients	\$33,172 58
town patients	33,264 26
private patients	14,481 06
<hr/>	
Total	\$80,917 90

In the report of the Treasurer will be found, as usual, a detail, under general and special heads, of both the receipts and the expenditures of money, accompanied by the certificate of the Auditors.

According to the balances of the accounts, it appears that on the 30th of September, 1880,—the end of the official year,—there were:—

Invested funds	\$10,000 00
Cash assets, available for future use	26,616 16
<hr/>	
Total	\$36,616 16
And liabilities (bills payable)	5,397 12
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Balance in favor of the Hospital	\$31,21 904

Besides these *cash* assets, there are *purchased* provisions and supplies on hand, the valuation of which is \$13,692.27, and all our winter's store of hay, grain, and vegetables raised upon the premises.

The staff of resident officers, both principal and subordinate, remains the same as at the beginning of the year.

The Board of Trustees has continued its customary method and frequency of inspection, and would, in closing their report, once more express their satisfaction with the management of the institution by its administrative officers.

HENRY W. TAFT.
 LYMAN D. JAMES.
 WM. M. GAYLORD.
 SILAS M. SMITH.
 A. C. DEANE.

NORTHAMPTON, Oct. 7, 1880.

TREASURER'S REPORT.

To the Trustees of the Northampton Lunatic Hospital.

I HEREWITH present a general summary of the Hospital accounts, for the official year 1879–80, in the same form as heretofore adopted. All the receipts of money, together with their respective sources, and all the disbursements, with the general purposes for which they were made, are represented.

RECEIPTS.

Balance in hands of Treasurer Sept. 30, 1879, including	
United-States bond	\$14,116 28
Received for board and contingencies of private patients .	14,960 53
Received for board and contingencies of town patients .	33,251 01
Received for board and contingencies of State patients .	32,495 35
Received for animals, produce, &c., sold	593 53
Received for sundry accounts	1,776 77
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Total	\$97,193 47

DISBURSEMENTS.

For provisions and supplies	\$24,115 84
fuel	6,127 00
gas and oil	1,036 42
water	788 50
salaries and wages	20,373 07
medical supplies	1,555 40
furniture, beds, and bedding	2,992 03
clothing and dry-goods	4,208 42
contingencies	967 38
farm	3,214 48
farm-stock	1,083 00
farm-wages	3,820 90
real estate (land)	2,800 00
improvements and repairs	7,616 79
miscellaneous expenses	1,204 70
<hr/>	
Balance in hands of Treasurer, including United-States bond, Sept. 30, 1880	15,289 54
<hr/>	
Total	\$97,193 47

PLINY EARLE, *Treasurer.*

NORTHAMPTON, Oct. 7, 1880.

We have examined the accounts of the Treasurer of the Hospital, and find that every entry has a proper voucher.

A. C. DEANE,
WM. M. GAYLORD, } *Auditors.*

NORTHAMPTON, Oct. 7, 1880.

SUPERINTENDENT'S REPORT.

To the Trustees of the Northampton Lunatic Hospital.

THE following table of general statistics shows the changes that have taken place in the resident patients of the Hospital in the course of the official year, together with the results of treatment. The formula differs, to some extent, from the similar one heretofore used in our reports. It is the first of the series of twenty-four tables recently adopted by the Board of Health, Lunacy, and Charity, and recommended for use in the Massachusetts hospitals and asylums for the insane:—

1. General Statistics, 1879–80.

	Males.	Females.	Total.
Patients in Hospital Oct. 1, 1879	224	218	442
Admitted within the year	59	58	117
Whole number of cases within the year	283	276	559
Discharged within the year	43	41	84
Viz., as recovered	16	12	28
as much improved	5	7	12
as improved	11	12	23
as unimproved	9	10	19
as not insane	2	—	2
Deaths	17	12	29
Patients remaining Sept. 30, 1880	223	223	446
Viz , supported as State patients	95	89	184
as town patients	99	106	205
as private patients	29	28	57
Number of different persons within the year,	281	272	553
“ “ “ admitted	58	57	115
“ “ “ recovered	16	12	28
Daily average number of patients	227.28	223.23	450.51

As indicated by the table, the number of admissions was one hundred and seventeen. Each admission gave us, in

medical language, a *patient*, or a *case*. Consequently the number of *patients*, or *cases*, admitted was one hundred and seventeen. But among the *persons* admitted, there were two, one man and one woman, who were admitted twice each in the course of the year. Each one of these *persons*, being admitted twice, counted as two *patients*, or *cases*. Hence the number of *persons* admitted was only one hundred and fifteen, being less by two than the number of *patients*, or *cases*, admitted. This statement is made, in part, for the purpose of clearly illustrating the difference, in medical significance, between a *person* and a *patient*, or *case*, and is intended for the benefit of those who, in reading these reports, are not accustomed to make such a discrimination.

The number of *persons* admitted was larger by eleven than it was in the next foregoing year. The number remaining in the house at the close of the year is larger by four than it was on the 30th of September, 1879; and the daily average number for the year exceeds by thirteen that of the next preceding year. For these reasons it may fairly be inferred, that, notwithstanding the virtual cessation of transfers from other institutions, the Hospital will not lack for patients in the future. The growth of population has given to the four western counties of the State the ability to keep the building not only full but crowded.

Of the one hundred and fifteen *persons* admitted, twenty — of whom nine were men and eleven women — have been in the Hospital more than once each. Thirteen have been received *twice* each, — six of them being men, and seven women. Four, or two of either sex, have been received *three* times each; two, or one of either sex, *four* times each; and one, a woman, *twelve* times.

Of the thirteen who have been admitted twice each, two men and three women — a total of five — were discharged as *recovered*, on their first admission; two men were discharged as much improved, one man and three women as improved, and one man and one woman as unimproved.

Of the four who have been admitted three times each, one of the men had been discharged *recovered* once, and improved once; the other as eloped once, and improved once. One of the women had been discharged *recovered* twice; and the other *recovered* once, and improved once.

Of the two who have been admitted four times each, the man had been discharged *recovered* three times, and the woman *recovered* twice, and improved once.

The woman who has been admitted twelve times had been discharged *recovered* eight times, and improved three times. The total number of *former recoveries* of *eleven* of the twenty re-admitted persons is twenty-two.

Two persons — one man and one woman — were discharged twice each within the year. Neither of them was reported as recovered on the first discharge.

STATUS OF PATIENTS.

Of the one hundred and seventeen patients admitted, the expenses here of thirty-three were charged, in the first instance, to the State; of sixty, to towns and cities; and of twenty-four, to individuals. Afterwards the expenses of three were transferred from the State to towns, and of one from a town to an individual.

The number, and consequently the relative proportion, of patients supported by cities and towns, continues to increase. One year ago there were but one hundred and eighty-four of that class; now there are two hundred and five. Eight years ago there were only ninety-two. The number has consequently more than doubled in that time.

Of the one hundred and thirteen patients discharged, including those who died, thirty-nine were beneficiaries of the State, and fifty-three of towns and cities. Twenty-one were private patients.

Of the four hundred and forty-six patients remaining in the house on the 30th of September, 1880, the cost of support of one hundred and eighty-four is charged to the State; of two hundred and five, to towns and cities; and of fifty-seven, to individuals.

The weekly average number of each of these classes, as deduced from our fifty-two Saturday returns to the Board of Health, Lunacy, and Charity, is as follows: of State patients, 197.03; town and city patients, 198.01; private patients, 55.46: total, 450.50.

RECOVERIES.

Of the eighty-four patients who left the Hospital in the course of the year, there were twenty-eight, sixteen of whom

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were men, and twelve women, who, *according to our standard of mental health, and our judgment in regard to the extent to which, in individuals, that standard is modified by temperament, idiosyncrasy, education, and habits*, were properly recorded as recovered. No person recovered twice within the year, and consequently the number of *persons* and of *patients* who recovered was the same. Of these twenty-eight persons, thirteen men and eight women—a total of twenty-one—had never before been treated at this Hospital. The remaining seven were cases of re-admission. Two of the men had been previously admitted once each, one man and three women twice each, and one woman eleven times. In three of the persons the mental disorder might properly be called constitutional recurrent mania, and in three others it appeared to be a consequence of the excessive use of stimulants.

Of the seven persons who had previously been treated in the Hospital, the condition upon discharge upon those former admissions was as follows: one man *recovered* once; one man *recovered* once, and improved once; and one man much improved once; two women *recovered* twice each; one woman *recovered* once, and improved once; and one woman *recovered* eight times, and improved three times. The whole number of *former recoveries* in this Hospital, of six of the persons, is *fifteen*. The same six persons have *now* been discharged as *recovered* a total of twenty-one times. One of the six—a man—committed suicide by drowning about ten months after his discharge.

Prior to admission here, one of the men had been treated and discharged from the Worcester Lunatic Hospital once, and the Utica, N.Y., State Asylum three times.

Of the twenty-eight persons discharged as recovered, six were beneficiaries of the State, and fourteen of towns. The expenses of eight were defrayed by individuals. Three patients—a man and two women—who were discharged as much improved are now reported to us as fully recovered.

DEATHS.

For still another year the Hospital has been exempt, as it always has been, from any severe acute epidemic or endemic disease; and nearly all the mortality has been the final consequence of chronic maladies. The whole number of deaths

is twenty-nine, of which seventeen were of men and twelve of women. Of the diseases terminating fatally, consumption, as is frequently the fact, takes the lead. It caused five deaths,—two of men and three of women. Next follow, with four deaths each, all of them of men, two very formidable diseases which almost never, in establishments for the insane, have any other than a fatal termination. Those diseases are epilepsy, and that singular combination of paralysis and insanity now generally known as paresis. Two men died of disease of the heart, and two of marasmus, and one man and one woman of pneumonia. The other ten deaths resulted from as many different diseases, or causes, all of which are stated in the appropriate table in the appendix.

The fact that in one instance the death is attributed to suicide may serve to introduce a few remarks upon that subject. In the seven successive annual reports next preceding this, we were exempted from the necessity of reporting the decease of any patient by self-destruction. There was a suicide on the 27th of January, 1872. From that time forward to the 5th of January, 1880, a period of only twenty-two days less than eight years, there was no death of which there could be even a suspicion that it was the result of the direct intent and action of the person who died. But on the date last mentioned, the death occurred of a woman who, a few days before, had climbed over the baluster of the stairs in the rotunda, and, after hanging a moment by her hands from the rail of the baluster, loosed her hold, and dropped to the floor two stories below. The shock was such that, after lingering nearly five days in a state of unconsciousness, she died. In the table above mentioned, her decease is recorded as the consequence of an injury from a fall. The question is, Was self-destruction intended? The reader of this account will undoubtedly answer, "Yes." But they who best knew the woman as she was while in the Hospital answer, "Probably not." She had never manifested any propensity to suicide; but for several days before the fatal act she had been haunted by an active but vague apprehension that some one was about to injure her,—an undefined suspicion or sentiment of approaching evil. Those persons who doubt that she intended suicide believe that the act was performed upon the impulse of the moment to escape from the Hospital,

believing that by so doing she would avoid that imaginary evil.

On the 7th of August, 1880, a woman committed suicide by hanging. Assuming that, in both of these cases, life was terminated by suicide, the whole number of that class of deaths in the Hospital within the twenty-two years since it was opened is fourteen. Ten of them took place in the course of the first eleven years, and only four within the last eleven. But the average number of patients in the Hospital was larger by more than a hundred during the latter than during the former period.

Both the actual number and the relative proportion of deaths of men was very considerably larger than that of women. The mortality of men, as calculated upon the whole number of patients within the year, was 6.01 per cent; while that of women was but 4.35 per cent. According to these proportions, if, of a certain number of men admitted to a hospital, 601 of them should die while in the hospital, then, of the same number of admitted women, only 435 would die.

If the mortality be calculated upon the daily average number of patients, which is generally believed to be the most accurate method, the percentage of deaths was, of men 7.48, of women 5.38. In other words, according to this showing, if the number of men and of women in a hospital were always kept equal, then, within a period in which there would be 748 deaths of men, there would be but 538 deaths of women.

Nine of the persons who died were wards of the State, sixteen were supported by towns, and four were private patients.

The subjoined table shows the annual number and proportion of deaths during the whole period of the operations of the Hospital:—

Deaths and their Ratios from Sept. 30, 1858, to Oct. 1, 1880.

OFFICIAL YEAR.	Whole No. of Patients.	Daily Average No. of Patients.	DEATHS.			Per Cent on Whole No. of Patients treated.	Per Cent on Daily Average No. of Patients.
			Men.	Women.	Total.		
1858-59,	313	229.55	7	12	19	6.07	8.27
1859-60,	398	255.96	9	18	27	6.78	10.54
1860-61,	434	314.26	15	15	30	6.91	9.54
1861-62,	442	313.80	9	10	19	4.29	6.05
1862-63,	470	355.28	19	7	26	5.53	7.31
1863-64,	475	357.63	17	30	47	9.89	13.14
1864-65,	469	342.40	17	24	41	8.76	11.97
1865-66,	488	376.35	18	13	31	6.35	8.23
1866-67,	543	401.03	23	24	47	8.65	11.71
1867-68,	565	413.41	25	18	43	7.61	10.40
1868-69,	590	405.10	13	12	25	4.23	6.17
1869-70,	604	408.83	22	11	33	5.46	8.07
1870-71,	616	421.90	16	12	28	4.54	6.64
1871-72,	619	428.72	19	18	37	5.97	8.63
1872-73,	614	437.23	13	8	21	3.42	4.80
1873-74,	626	469.54	14	11	25	3.99	5.32
1874-75,	629	475.35	23	18	41	6.52	8.62
1875-76,	629	474.21	18	19	37	5.88	7.80
1876-77,	603	476.16	21	21	42	6.96	8.82
1877-78,	551	442.43	14	9	23	4.17	5.19
1878-79,	535	436.73	14	9	23	4.29	5.27
1879-80,	559	450.51	17	12	29	5.19	6.44

The mortality for the twenty-two years, calculated upon the number of patients annually treated, was 5.81 per cent. Calculated upon the annual daily average number of patients, it was 7.38 per cent.

The same relative proportions for the first half of the time, or eleven years, are, on the number of patients annually treated, 6.84 per cent, and on the daily average number, 9.43 per cent.

During the last half of the time the proportions were, on the whole number of patients annually treated, 5.15 per cent, and on the daily average number, 6.68 per cent.

The mortality of the year just closed was much less than the average of the first eleven years, materially less than the average of the whole period, and but a very small fraction more than the average of the last eleven years.

No other three consecutive years in the history of the Hospital had so low a rate of mortality as the last three.

The number of deaths annually reported by a public institution for the insane is not a positive indication of the actual

mortality among the persons who have been under treatment at that institution, in each year, respectively. Some enfeebled or sickly patients, who appear to be nearly approaching the end of life, and whose mental condition is such that the restraints of a hospital are no longer necessary, are removed therefrom, for the express purpose that they may die in the bosom of the family, or among their former friends. This probably occurs much more frequently in the corporate institutions, where, as a rule, but few if any paupers are received, than in the State hospitals or asylums, in which, as a rule, a majority, and often a very large majority, of the patients derive their support from the public treasury. Many of these persons have no homes, and the homes of many others are not such as to make the sick or the dying so comfortable as they are in the hospital.

The late Dr. Luther V. Bell, in a conversation upon the statistics of insanity, remarked that, were he so disposed, he could reduce the mortality at the McLean Asylum so low as to almost prevent the necessity of any table, or any column in a table, for deaths. His patients were all, or nearly all, supported by private funds; they were mostly from wealthy families; and the homes of much the larger part of them were within a comparatively short distance from the asylum. No long journey was required for the patient to reach his home; and all the comforts and the proper attentions of the sick-room could be provided for him when there. Almost invariably, even if not doing it from choice, the friends, if so advised, would remove their invalidate relative before the very near approach of death should render removal improper.

The extent to which such removals take place, and the consequent extent of the effect upon the tables of mortality, undoubtedly differ in different institutions. Within the last official year there has been one, and only one, removal of the kind from this Hospital. The patient was a woman, and she was taken away by her relatives at their own option. For many years I have made it a rule of action *not to recommend or advise* removal under the circumstances indicated. The action of the friends is left wholly to their own judgment.

But if, by this removal of dying patients, the *apparent* mortality at the institutions is made less than the *real* mor-

talities among their patients, there is, to a greater or less extent, a compensatory increase of the number of deaths by the admission of persons in the very last stages of existence. It is very questionable whether these institutions were intended for octogenarians, tottering with the debility of advanced age, even though they have some of the vagaries of senile imbecility; or for frail and feeble invalids, who, upon arrival, must be carried like infants from the carriage to the bed; or for people, whatever be their age, whose constitutions are so shattered as to present to the eye of a physician no reasonable prospect of a three-months' prolongation of life. And yet patients of these descriptions are more or less constantly sent to all such public institutions as have no power of selection of the persons whom they will receive, but are obliged to take all who are legally brought to them.

It is not long since a person belonging to the last of the three mentioned classes was brought by an officer of one of the towns to this Hospital. After a very cursory examination of the patient, I remarked to the officer, "You have brought him here to die, I suppose." — "Yes," said he; and his answer bespoke the candid man. And the patient *did* die in just twenty-six days after admission. Another person of the same class, brought at a more recent date, was fortunate in having a longer lease of life. He lived two months and twelve days after his arrival.

WORSHIP AND ENTERTAINMENT.

In the course of the past year, those patients whose condition is such as to permit the practice have been collected no less than three hundred and thirty-four times, for purposes either of worship, or of instructive or amusing entertainment. As heretofore, religious services have been held in the chapel upon the afternoon of every sabbath. The gatherings for all other exercises were upon the evenings of secular days. It is distinctly understood, — and to this end the patients are frequently reminded of the fact, — that these last-mentioned assemblies, although nearly all of them are both opened and closed by the reading and singing of a hymn, and although the only other exercise at some of them consists of reading from the Bible, are not *professedly* of a religious character. The exercises are considerably diver-

sified, not only for the purpose of ministering to different tastes, but also for the sake of variety; and each hearer is left to derive such benefit from them as he may. It is possible that the exercise which simply engages the intellect of one person may appeal to the moral sentiments of another; and, whatever the character of the effect upon the mind, whether it be of the higher nature of devotion, or whether it be of simple instruction, or of entertainment, or of mere amusement, still some benefit is gained.

The organization of the Hospital does not include the office of chaplain, and no one person is regularly employed in the performance of the duties attached to such office. The religious services are conducted in rotation by the pastors of several churches of different denominations.

The nature and frequency of the exercises for the past year may be learned from the following records:—

1. EXERCISES ON THE SABBATH.

Divine worship 52 days.

2. EXERCISES ON SECULAR EVENINGS.

(a) *Readings, opening and closing with sacred music:—*

The Bible	28 days.
The Bible, and selections of prose	11 “
The Bible, and selections of poetry	35 “
Miscellaneous selections of prose	52 “
Miscellaneous selections of poetry	67 “
Miscellaneous selections of prose and poetry	51 “

(b) *Lectures, opening and closing with sacred music:—*

On reading	2 “
Death of William IV., and ascension of Victoria	1 “
Funeral of William IV.	1 “
Coronation of Victoria	1 “

(c) *Other entertainments:—*

Pictures shown with the stereopticon	6 “
Concerts of vocal and instrumental music	5 “
Recitations	6 “

(d) *Social gatherings:—*

Quadrille parties	16 “
No assembly	32 “

Total 366 days.

As will be seen, there were but thirty-two days within the year upon which there was no assemblage of the inmates.

Among these were the days of the monthly meetings of the Trustees, and those upon which the Hospital was visited by the several State authorities legally authorized to inspect it.

Dr. Meekins, as for many years heretofore, exhibited the stereoptic pictures; and Mrs. Smith and Miss Longley assisted each at one concert.

FARM.

The somewhat protracted and severe drought in the beginning of the summer months had its necessarily unfavorable effect upon the products of earliest growth. This effect was the most apparent upon the first planting of potatoes, of which we had several acres. From these hardly half of the usual crop was obtained, and even those were both small and of inferior quality. Next to potatoes, in suffering from the deprivation of water, was grass; and the crop of hay, although not small, was considerably less than was expected from the promise of the spring. A larger quantity than in any former year was produced upon lands owned by the hospital; but the extent of those lands has been increased within the last few years.

Of kitchen vegetables for midsummer consumption, — beets, beans, onions, squashes, tomatoes, cucumbers, and sweet-corn, — there was an abundance which amounted to profusion.

The product of apples, though very large, was not quite equal to that of 1878. It probably would have been as great, had not the drought caused them to drop, in the earlier stages of growth, to a much larger extent than usual. The same agency, perhaps, together with the periods of unwonted heat in the course of the season, brought them to an early maturity, so that from about the 20th of July we were enabled to distribute them freely to the patients. From that time to the close of September, about two hundred barrels of them have been consumed in the house.

SCHEDULE OF PRODUCTS.

Hay (first growth of home farm), 92½ tons, at \$16 . . .	\$1,480 00
Hay (second growth, home farm), 29½ tons, at \$16 . . .	469 33
Hay (first growth, south lot), 19½ tons, at \$16 . . .	309 33
Hay (second growth, south lot), 3⅔ tons, at \$16 . . .	58 66
<i>Amount carried forward</i>	<u>\$2,317 32</u>

22 LUNATIC HOSPITAL AT NORTHAMPTON. [Oct.

Amount brought forward	\$2,317 32
Hay (first growth, Clarke orchard), 9 $\frac{2}{3}$ tons, at \$16 . .	154 66
Corn-fodder, 10 tons	45 00
Oat-straw, 9 tons	90 00
Corn, 350 bushels	175 00
Oats, 350 bushels	157 50
Broom-seed, 125 bushels	31 25
Potatoes, 3,000 bushels	1,500 00
Carrots, 200 bushels	60 00
Beets, 1,387 bushels	416 10
Onions, 282 bushels	141 00
Turnips, 500 bushels	150 00
Parsnips, 25 bushels	12 50
Beans, Lima, in shell, 150 bushels	189 25
Beans, string, 31 $\frac{1}{2}$ bushels	31 50
Beans, Lima, dry, 20 bushels	60 00
Beans, common, dry, 5 bushels	7 50
Pease, green, in pod, 112 bushels	150 08
Sweet-corn, green, in ear, 330 bushels	330 00
Tomatoes, 93 bushels	93 00
Lettuce, 102 $\frac{1}{2}$ bushels	51 25
Cucumbers, 178 $\frac{1}{2}$ bushels	166 50
Squashes, summer, 119 $\frac{1}{2}$ bushels	153 00
Squashes, winter, 10 tons	300 00
Melons, 6,000 pounds	64 37
Asparagus, 39 $\frac{1}{2}$ bushels	79 00
Pie-plant, 30 $\frac{1}{2}$ bushels	22 88
Beet-greens, 27 $\frac{1}{2}$ bushels	27 50
Cabbages, 5,000 heads	200 00
Currants, red, 16 $\frac{1}{2}$ bushels	66 00
Currants, black, $\frac{1}{2}$ bushel	2 00
Apples, 950 barrels	950 00
Pears, 3 $\frac{3}{4}$ bushels	11 25
Grapes, 3 bushels	3 00
Quinces, 6 bushels	9 00
Veal, raised here, 299 pounds	40 79
Pork, 14,729 pounds	972 37
Pigs, sold, 118	265 15
Turkeys, 118 pounds	26 65
Chickens, 40 pounds	6 80
Hheads and plucks	21 25
Eggs, 277 dozens	60 87
Milk, grass-fed, 22,451 quarts	1,122 55
Cider, 50 barrels	75 00
Broom-brush	35 00
Calf-skins, 3	3 75
Young calves, sold, 26	81 00
Wood, sold	99 55
	\$11,028 14

The quantity of products is larger than ever before, although, in consequence of higher prices, the value of them has been slightly exceeded in two foregoing years.

It is proper to state, as it usually has been stated in the annual reports, that only one-quarter of the milk actually produced on the farm is placed in this list. The whole quantity for the past year was 22,451 gallons, which is more than in any former year; but it is estimated that three-fourths of it was the products of the hay, grain, and other vegetable growths mentioned and appraised in the table.

Of thirty swine raised and fattened on the farm, and slaughtered in the course of the winter, the dressed weight was respectively as follows: 519, 492, 462, 416, 492, 464, 455, 400, 513, 515, 500, 540, 474, 420, 500, 401, 500, 460, 798, 500, 366, 417, 578, 500, 494, 402, 547, 504, 474, 624. The aggregate weight is 14,727 pounds; the average weight, 490 pounds; the average weight of the largest *ten*, 563 pounds; and that of the largest *five*, 617 pounds. The heaviest one, weighing 798 pounds, rarely finds a competitor in this latitude.

The farm is now stocked with 8 horses, 8 oxen, 1 bull, 30 cows, 35 fattening hogs, 3 boars, 14 breeding sows, 20 shotes, 50 small pigs, and about the usual quantity of poultry.

HOW THE HOSPITAL IS SUPPORTED.

Although a State institution, this Hospital has received no gratuitous assistance from the State since the spring of 1867. Since that time it has relied for its income solely upon the products of its farm, the board-bills of its patients, and the small sum of ten dollars each for the burial-expenses of State patients who die in the hospital. The receipts from the last-mentioned source during the past year were ninety dollars.

For the entire support of State patients, including clothing and all loss from breakage and other kinds of destruction, the Hospital received three dollars and fifty cents each per week from the treasury of the Commonwealth from April 1, 1870, to April 1, 1879. For one year after the latter date it received but three dollars each per week; and since April 1, 1880, it has received three dollars and twenty-five cents each per week. This is the compensation fixed by statute-law. More than two-fifths of the inmates belong to this class. During the past year the weekly average of them was 43.7 per cent of the whole.

For town patients it has received, and now receives, from the treasuries of the towns respectively in which those patients have legal settlements, the same sum per week as from the State treasury for State patients ; but the towns clothe their patients, and remunerate the Hospital for damages done by them. Of town patients, the weekly average for the year was 43.9 per cent, or a little more than that of State patients.

For private patients there is no uniform price. The average pay from all who were here Sept. 30, 1880, was \$5.122 each per week. Clothing and damages are extra charges. The weekly average of these patients during the past year was 12.3 per cent, or about one-eighth of the whole.

The average weekly pay *per capita*, received by the Hospital for all its patients, State, town, and private, in the course of the year, is \$3.454. Such are the pecuniary resources of the Hospital. We turn to the results of

THE FINANCE OF THE LAST FIFTEEN YEARS.

In April, 1865, the Hospital was freed from debt, and the financial statement at the close of that month showed a balance of \$302.04 in its favor. Between that time and the 1st of June, 1867, it received a direct bonus from the State of five thousand dollars, in two appropriations, for specific purposes, — one of two thousand, and the other of three thousand dollars.

As an offset to the five thousand dollars bonus, the Hospital has purchased and paid for several lots of land, amounting to about one hundred and forty-nine acres, the total cost of which was \$25,590. The State then has, in this way alone, been overpaid for its bonus in the sum of \$20,590.

The amount paid by the Hospital for repairs and improvements in the course of the fifteen years, from Sept. 30, 1865, to Sept. 30, 1880, is \$179,398.44.

The surplus of cash assets now on hand, including United-States bond, is \$31,219.04, or \$30,917 larger than it was on the 30th of April, 1865.

The *purchased* provisions and supplies, including fuel and stored clothing now on hand, are estimated to have cost \$13,692.27. The estimated value of similar supplies on the 30th of April, 1865, was \$2,500. The increase of assets under this head is, therefore, \$11,192.27.

The value of household furniture in the Hospital is, at a low estimate, at least ten thousand dollars greater than it was on the 30th of April, 1865, at the same rate or standard of appraisal. To be certain, however, of no exaggeration, let it be called eight thousand dollars. Collecting these several sums, the account of debit of the Commonwealth to the Hospital appears to be as follows: —

Excess of cost of land over direct bonus	\$20,590 00
Repairs and improvements	179,398 44
Excess of present cash assets	30,917 00
Increase of provisions and supplies	11,192 27
Increase of furniture	8,000 00
Total	<hr/> \$250,097 71

The necessary current repairs of the buildings may be estimated at three thousand dollars annually. Deducting this sum for each of the fifteen years since Sept. 30, 1865, a total of \$45,000, there is a remainder of \$205,097.71. To this amount, then, has the Hospital assisted itself to things, for most of which it is generally expected that such institutions will rely upon direct appropriations from the treasury of the Commonwealth.

STUDIES RELATIVE TO THE CURABILITY OF INSANITY.

Each of the last four annual reports of this Hospital contains a section devoted to the curability of insanity. It has there been shown, by the unanswerable testimony of statistics, that the disease is far less amenable to curative treatment than it has generally been believed to be in this country.

In the first of the four reports mentioned, — that for 1875–76, — there is a “review” of the subject, which was afterwards elaborated and published as part of the proceedings of the New-England Psychological Society, before which it had been read. Near the end of that essay are seven *conclusions*, in the form of direct propositions, which it is believed are legitimate deductions from the preceding argument. It is now proposed to show, as nearly as possibly can be shown, by direct evidence, that each of those conclusions can be proved to be true, beyond all cavil or dispute, to any candid mind.

CONCLUSION 1. — The reported recoveries from insanity are increased, to an important extent, by repeated recoveries from the periodical or recurrent form of the disease in the same person.

Many proofs of this are given in the pamphlet entitled “The Curability of Insanity;” but here we will present but five, some of which have been obtained since that pamphlet was published: —

At the Frankford Asylum . . .	5 persons recovered 52 times.
Hartford Retreat . . .	5 “ “ 54 “
Bloomington Asylum . . .	10 “ “ 122 “
Worcester Hospital . . .	10 “ “ 136 “
Concord Asylum . . .	10 “ “ 120 “
<hr/>	
Consequently, the . . .	40 “ “ 484 “

The number of *recoveries* is more than *twelve times as large* as the number of *persons* that recovered.

CONCLUSION 2. — The recoveries of *persons* are much less numerous than the recoveries of *patients* or *cases*.

Proved by the same statistics as conclusion No. 1.

The number of *persons* is *less than one-twelfth* of the number of *recoveries*, — each *recovery*, of course, representing a *patient*, or a case.

CONCLUSION 3. — From the number of reported recoveries of *cases*, or *patients*, it is generally impossible to ascertain the number of *persons* who recovered.

Proved likewise by the same statistics. The four hundred and eighty-four *recoveries* were published merely *as* recoveries, without any explanation. Consequently no reader of them could tell how many *persons* furnished those recoveries. The natural inference was that there were four hundred and eighty-four, whereas there were but forty.

CONCLUSION 4. — The number of reported recoveries is influenced, sometimes largely, by the temperament of the reporter, each man having his own standard, or criterion, of insanity.

This conclusion is not susceptible of absolute proof; but it is a legitimate inference from the known diversity of organization, temperament, and mental character among men. There are, however, two instances, at least, in which statistics appear to warrant the conclusion: —

(a) There was a change of superintendents at the Worcester Hospital in the official year 1871-72. In the three next *preceding* official years, under the old superintendent, the reported recoveries were equal to 43.32 per cent of the admissions; whereas, in the three next *succeeding* official years, under the new superintendent, the reported recoveries were only 22.16 per cent of the admissions. The reported proportion of recoveries in the first three years was very nearly twice as large as in the last three years. There is no conceivable and plausible cause for this difference other than that mentioned in the conclusion.

(b) At the McLean Asylum there was a change of superintendents in March, 1871. During the next *preceding* seven years (1864 to 1870 inclusive) the proportion of reported recoveries equalled 44.19 per cent of the admissions; but in the *succeeding* seven years (1871 to 1877 inclusive) that proportion was only 19.94 per cent. The proportion of the reported recoveries in the first period was *more than twice as large* as it was in the second period, or as 221 to 100.

CONCLUSION 5. — The large proportion of recoveries formerly reported was (a) *often* based upon the number of patients *discharged*, instead of the number *admitted*; and (b) *generally* upon the results in a number of cases too small to justify the deduction therefrom of a general formula of scientific truth; and (c) those proportions were evidently increased by that zeal and rivalry which frequently characterize the earlier periods of a great philanthropic enterprise.

(a) At a large proportion of the American hospitals, forty years ago, the ratio of recoveries was calculated on the number of patients discharged.

(b) The most widely known of all remarkable percentages of recoveries of cases of recent insanity — those of the Hartford Retreat, in 1827 — were based upon only twenty-three cases, of which twenty-two recovered; and one of the others, — that of the Williamsburg, Va., Asylum, in 1842, — upon only thirteen cases, of which twelve recovered.

(c) There are various evidences of the existence of that zeal and rivalry in the earlier history of the hospitals, which need not be mentioned here.

CONCLUSION 6. — The assumed curability of insanity, as represented by those proportions of recoveries, has not only not been sustained, but has been practically disproved by subsequent and more extensive experience.

The assumption was, that from 75 to 90 per cent of the recent cases of insanity could be cured. The conclusion is proved by many statistics, but most especially by those of the Frankford Asylum, based upon the treatment of one thousand and sixty-one *cases*, treated in the course of about thirty-nine years. Only 65.69 per cent of these *cases* recovered. But so many of these were the repeated recoveries, on re-admission, of the same persons, that the percentage of *persons* who recovered was only 58.35. Many of these were not *permanent* recoveries. The actual proportion of *persons*, who, after one recovery, were never re-admitted, was only 48.39 per cent.

CONCLUSION 7.—The reported proportion of recoveries of all cases received at the institutions for the insane has been constantly diminishing during a period of from twenty to fifty years.

This conclusion is derived *solely* from the results of the table on p. 45 of the pamphlet on “The Curability of Insanity.” In that table it is shown that, at twenty American hospitals, the average diminution of reported recoveries, in an average period of about twenty-five years, was from 46.08 to 34.26 per cent of the admissions. So that for every hundred that recovered, on an average of twenty-five years ago, only a fraction over seventy-four (74.34) recover now.

Worcester Statistics.—In the report issued one year ago from the hospital at Worcester, a new table was introduced, in which is shown, among other things, how many of the patients who were discharged as recovered within the year had recovered on former admissions. Forty-seven patients were discharged recovered, but only thirty-two recovered for the first time. Five recovered for the second time, six for the third time, two for the fourth time, one for the ninth time, and one for the tenth. Thus, fifteen of these patients have already been credited with fifty-five recoveries.

But the report contains something of still greater importance. Dr. Park has continued the work, begun several years ago by Dr. Eastman, of analyzing the eleven thousand cases admitted into that hospital prior to the 28th of September, 1875. He finds that the whole number of *persons* admitted was only 8,204, while the number of re-admissions was 2,796.

The re-admissions are equal to one-fourth of the whole number of *admissions*, and to one-third of the whole number of *persons*.

The recoveries on first admission were 3,191, or only 38.89 per cent of the *persons* admitted.

The recoveries in all the re-admissions were 1,191, making the whole number of recoveries 4,382.

Some of the *persons* who were not well when first discharged, recovered on some subsequent admission. We are not informed how many there were of these, but that information will undoubtedly be given in a future report.

A series of tabular figures show how many patients were received, on re-admission, each successive time, up to the twenty-third admission. The recoveries on each admission are also shown, and it is both interesting and instructive to perceive how the proportion of these recoveries increases as the number of re-admissions increases. The percentage of the recoveries, on each admission, is as follows:—

1st admission,	38.89	9th admission,	62.96	17th admission,	66.66
2d “	36.78	10th “	62.50	18th “	66.66
3d “	46.66	11th “	61.11	19th “	50.00
4th “	45.81	12th “	71.43	20th “	100.00
5th “	55.45	13th “	66.66	21st “	100.00
6th “	61.29	14th “	88.88	22d “	100.00
7th “	61.36	15th “	57.14	23d “	100.00
8th “	60.60	16th “	75.00		

These swollen percentages are caused by the repeated recoveries of the same *persons*.

The whole number of deaths was 1,498, or 18.26 per cent of the number of *persons*. This proportion is nearly three times as large as is generally shown in the annual statistics of the hospitals.

Dr. Park concludes his remarks upon the work of analysis in which he is engaged, with the following paragraph:—

“It is a sad, and almost cruel blow to the worth of the earlier tables of this hospital, which gave 70, 80, and even 90 per cent of recoveries; to know that deaths occurring within a few days of admission were not taken into account at all, but stricken entirely from the reports; that many a patient who helped to swell the tables of recoveries to the large per cent

mentioned, returned again and again to this hospital, and finally died here; that many went afterwards to other hospitals, and finally died in them; and that many more, after repeated admissions to this and other hospitals, died in the town or city almshouse, having been, to take the cold, utilitarian view which is the fashion of this world, ‘a burden on their own property or that of their friends, or upon the public treasury,’ from the time of their first admission to the hospital to their death.”

The doctor will fail to take the full advantage of his opportunity, if, before he gets through with those statistics, he does not give to the profession and the people a more valuable paper illustrative of the actual curability of insanity than any heretofore published in this country.

In reference to the above-mentioned deaths, of which no account was taken in making up the statistics, there is an explanation which should be known. The first superintendent at Worcester openly maintained that it was unjust to both the institution and its medical officers to throw upon it and them the responsibility or burden of a death, when they had had no reasonable opportunity to prevent that death. This argument is plausible, but it can be used only by one who contemplates the subject from a narrow and strictly professional point of view. A hospital for the insane, however, has other than mere medical relations with the people; and it would generally be regarded as the duty of its superintendent to report every case of admission and every case of discharge, whether that discharge be by death or otherwise.

A Voice from England. — At the last meeting of the British Medical Association, Dr. D. Hack Tuke read a paper before the Psychological section of that society, “On the best Mode of tabulating Recoveries from Insanity in Asylum Reports,” in which he comes essentially to the same conclusions, in respect to repeated recoveries of the same persons, that have been arrived at in what I have written upon the curability of insanity.

“All I object to,” says he, “is allowing figures to go forward, year after year, to the public, representing the gross number of recoveries as the number of persons restored to society, able to resume their place as useful members of the

community; for, without some clearer mode of presenting the actual facts than at present obtains, they will believe that 100 recoveries represent 100 persons enjoying the use of their reason, instead of, in too many cases, oscillating between the world and the asylum. Then, in their ignorance of the tendency to the recurrence of insanity, they are astonished at the ever-increasing demands for new asylums, and the conclusion, out of all proportion to the fact, that there has been an increase of insanity. Nor will these misconceptions be dispelled till it is stated, in characters so legible that he who runs may read, how many of the published cures are only re-cures of relapsed cases.”

The paper closes with a summary, under five heads, three of which are as follows:—

“I. That the statistical tables in the reports of the asylums for the insane should contain a clear statement, not only of the re-admissions (specifying the number for each person, and distinguishing between re-admissions after recovery, improvement, &c.), but of the re-cures, showing separately the number of *persons* who have recovered.

“II. That the percentage of recovery given in these tables should be that of *persons* recovered, calculated on *persons* admitted.

“V. That the present plan of jumbling together, in the statistical table of recoveries, the gross number of cures and re-cures, is misleading, and occasions exaggerated views as to the curability of insanity, and proportionate disappointment when the demand is made for additional asylums.”

The subjoined extract from Dr. Tuke's paper is introduced here as evidence that the experience with repeaters in recovery, in the English asylums, is very similar to that in the institutions in this country.

“I find that at the Hereford Asylum one patient was first admitted in consequence of a fifth attack, and recovered from that, and a sixth, seventh, eighth, ninth, and tenth attack. He had slighter attacks at home, not sufficient to bring him to the asylum, in the intervals. Of this patient Dr. Chapman says, that, although counting six recoveries, he really did not recover at all. Another patient, admitted in consequence of a fourth attack, recovered from that, and from a fifth, sixth, seventh, eighth, ninth, tenth, and eleventh attack.

Another, admitted for a second attack, recovered from it, and from a third, fourth, fifth, and sixth attack. Lastly, two patients, each admitted on the fourth attack, recovered from it, and from a fifth and a sixth attack. All these, and several others, Dr. Chapman has no doubt will return again and again. How can we call these ‘cures’? Is it not a misnomer?”

It is now but a few months more than nine years since Dr. Chapman very courteously showed me through the Hereford Asylum, then in the process of construction, and not very nearly completed. Yet in the intervening period it has been finished and opened, and had time to make the somewhat remarkable record above related. One of its patients, as will be seen, has recovered eight times, and had recovered from three attacks before his first admission there.

Dr. Tuke gives formulas of new tables, by the use of which not only the re-admissions, but the repeated recoveries of patients, will be shown. There is good reason, not alone from this paper, but by other evidence as well, to believe that the time is not far distant at which the British asylums will remedy the very obvious defect in their numerical statistics.

There is one point in respect to which Dr. Tuke’s views are so fully coincident with my own that I desire to call attention to them. Many writers, in treating of the curability of insanity, have made comparisons between that disease and others of severe form, such as fever, pneumonia, and rheumatism, maintaining that the former yields favorably to remedial treatment as often as any of the latter. Dr. Tuke says, “I cannot agree with those who hold that we should regard each cure of insanity in a patient in the same light as each cure of a physical disease, — pneumonia, for instance.”

. . . . “It seems to me that our experience proves but too clearly that the parallel is not a fair one, for the relapses after pneumonia and fever, when once cured, would be much less frequent than in mental disease; and the patient himself would be generally a sounder man, *physically*, in the interval, than the re-cured lunatic is *mentally*. Besides, from the different functions of the organs attacked, the permanent consolidation of a portion of one lung may allow a man to

perform efficiently the duties of his position in life; but the remains of an infinitesimal lesion of the brain may virtually incapacitate him from the efficient performance of his duties in the intervals between the attacks."

I gladly seize this opportunity to quote a still earlier expression of similar opinions by Dr. Strong of the Asylum for the Insane, near Cleveland, O. In a discussion at the meeting of superintendents, at Providence, in 1879, he said, "That insanity has, in modern times, changed its type, to some extent at least, there can be no doubt. I fail to see, however, in its recurrence, an analogy with other diseases, — pneumonia for instance, — which has been claimed by some gentlemen who have already spoken. Insanity is a disease involving the brain and nervous centres, — a disease which is, to a considerable extent, *sui generis*, and will not admit of close analogy to other diseases."

It appears to the present writer that there is about as close an analogy between pneumonia and insanity as there is between a broken bone and a broken promise.

A Voice from Scotland.— Within the year last past, Dr. W. A. F. Browne of Scotland has published a pamphlet entitled "The Curability of Insanity, Psychological Shadows," which contains much that is confirmatory of the views expressed in what I have written upon the same subject.

"Every superintendent," writes he, "must see in his registers cases which have been removed once or twice, or oftener, during the year; and I can recall one upright and distinguished member of our specialty who was found deploring the death of M. M., on the plea that for years her cure had been effected ten or a dozen times annually, and thus enormously swelled the percentages. This course was pursued in all candor and honesty, not merely as that generally, if not universally, prevalent, but because the cure was perfect, if not permanent, and because the law required it."

In Scotland, as in the United States, it appears that among the "recoveries" at the lunatic asylums are many cases of "delirium tremens and pseudo-dipsomania." Under the "Habitual Drunkards Act" inebriates could go voluntarily into an asylum, and leave it when they pleased. "It is known," says Dr. Browne, "that many of these inebriates adopted seclusion as the readiest refuge from bodily indispo-

sition or the social consequences of their errors, so that, when the *malaise* and the repentance had evaporated, they at once returned to the world and to their wallowing in the mire, but not until they had been honored by a certificate of recovery."

In regard to the absolute curability of mental disorders, a fact or a truth not yet attained, the doctor expresses his opinion in the following words:—

"It is highly probable that, at the present time, as when Thurnam wrote, 'In round numbers, of ten persons attacked by insanity, five recover and five die, sooner or later, during the attack. Of the five who recover, not more than two remain well during the rest of their lives. The other three sustain subsequent attacks, during which at least two of them die.'"

And finally, the pamphlet records, in the subjoined extract, its author's verdict upon the custom formerly very prevalent in this country, and even now not wholly abandoned, of giving the percentage of recoveries on the number of patients discharged, and sometimes of deducting from the whole number of patients all cases of idiocy, epilepsy, and paralysis, and even all deaths, and calculating the per cent of recoveries on the remainder.

"It would be an insult to our existing convictions, and to the principles, which may be now pronounced catholic, regulating the estimates of the results of treatment in nervous diseases, to point out how utterly fallacious, deceptive, and Utopian, were such practices; but it is essential to our object to stigmatize them as subversive, on the one hand, of all correct notions as to prognosis in mental disease, and, upon the other, of the remedial powers which can be exercised for its removal or amelioration."

Scottish Patients of 1868.—There were 1,319 new cases of insanity admitted into the asylums of Scotland in 1868. A table in the Report for 1879 of the Commissioners in Lunacy for that country, shows the number of recoveries, not only on the first admission, but on re-admission, among those 1,319 persons, in each successive year to 1880.

"It appears," says the Report, "that the 1,319 patients admitted yielded 39 per cent of recoveries within the first two years, and during the succeeding ten years only 16 per cent.

It is to be kept in mind that one patient may yield more than one recovery, and it must not be concluded, therefore, *that any thing approaching to these proportions are permanent recoveries*. Indeed, it has been ascertained that a large number of the re-admissions are drawn from the recovered patients. If the whole of the re-admissions came from this source, the proportion of the 1,319 admitted in 1868, who had recovered and had not been re-admitted up to the present time, would be only 26 per cent. It may be believed, however, that some of the re-admissions were drawn from among the patients discharged unrecovered, and a further modification must be made on account of a considerable number of the re-admissions referring to a comparatively small number of patients, some patients being re-admitted many times during a period of twelve years."

New Statistical Tables.—But perhaps the occurrence of greatest importance in this direction, in the course of the official year, is the adoption by the Massachusetts State Board of Health, Lunacy, and Charity, of a set of tables for the more perspicuous and more accurate presentation of the numerical records of the medical history of the hospitals and asylums for the insane which are the property of the State. This is a striking indication of practical progress; and, whether this new system of tabulation be perfect or not, it is evidently a great improvement over that which has hitherto prevailed in this country. If it have defects, time will expose them, and furnish the opportunity for correction.

These tables have been used in the preparation of this report, and are herewith presented with only one regret on the part of the Superintendent of this Hospital. That regret has its origin in the fact that this reformation comes from what are familiarly termed outsiders. It ought to have come from the medical profession, and not that alone, but from the specialty of psychiatry, for the use of which the tables were designed.

Recovered versus Cured.—The following extract was written nearly twenty years ago by a physician not now in the specialty, but who, at that time, was at the head of one of the largest institutions for the insane in America. It is an exposition of his reasons for using the term *recovered* in preference to *cured* in his records of discharge. It is a spicy

argument, and reveals the fact that it is no new thing for a physician engaged in the specialty to have comparatively little confidence in many of the recoveries announced in his reports.

“We discharge *only* recovered (cured, if you will) patients. I imagine their condition is exactly that of the cases which others call ‘*cured*.’ I have a sort of awkward compunction in the matter; and, in writing off a patient in the column headed ‘*Result*,’ I have felt my pen stiff when marshalling the five letters of the word ‘c-u-r-e-d.’

“Topsy said she *growed*, and was never made by any one. One of my patients once told me the Devil growed, for God was too good and wise to make such a rascal. My patients *recover*. I think ‘recover’ is a neuter, or intransitive verb, meaning *to grow well*, or perhaps, oftener, only *to grow better*; therefore it meets my requirements of conscience better than the word ‘cured,’ which, being capable of a passive conjugation, insinuates that an intelligent agent has effected the change. And, further, these *cured* lunatics have such a mischievous trick of going mad again, some sooner, some later, and some oftener than others,—though some not at all,—that one feels a little timid to offer to the indiscriminating a word which they regard in a more unconditional signification than our specialty may do.

“If I take to a watchmaker, for repair or adjustment, a watch which I know is radically bad, I do not exact from him establishment of perfect performance, but am content with restoration to its primary capability. If this is curing my watch—cured it is; but I will be content to regard it as mere recovery (not however spontaneous) of its prior constitutional abnormality.”

Alcoholic Insanity in the Hospitals.—Under this caption, in the Report for 1878–79, a pamphlet was mentioned which contains an estimate of the number of patients with transient insanity, “euphemiously called dipsomania,” which would probably be found in a hospital with six hundred patients. The number appeared large, and it was so stated in my remarks. As the author of the pamphlet is a member of the Michigan Board of Charities, I wrote as follows:—

“This estimate is undoubtedly based upon the knowledge of the subject which he has derived from observation of the

hospitals of Michigan, and perhaps of other States in that section of the country.”

This inference, as I am informed by Dr. Henry M. Hurd of the asylum at Pontiac, was a “misapprehension,” although, as he acknowledges, it “was natural enough, in view of the statements in the pamphlet.” To prove that it was a misapprehension, he adduces some of the statistics of the institution mentioned:—

Of the 657 patients admitted to the Pontiac Asylum, “67 were known to have been intemperate in their habits.” Of these, only 10 were dipsomaniacs, and not one of them was discharged recovered. The doctor does not say how many of the others recovered; but as 21 of them had chronic dementia, 3 dementia with paralysis, and 10 paresis, one of the most absolutely incurable of all the forms of mental disorder, while 2 more were epileptics, the number of recoveries could not have been large.

“I may also add,” writes Dr. Hurd, “that I was an assistant for eight years at Kalamazoo, and during that time I know that the custom of the asylum was the same as adopted here. I am sure that no case of delirium tremens was under treatment during that period, and that cases of opium-habit were not considered recovered, even if they left the asylum sober.”

INSTRUCTIVE STATISTICS.

I have received some information in regard to 118 cases of insanity which have been treated in American hospitals, and the statistics of which have been published, in the usual manner, in the annual reports of those institutions. Singularly enough, all the patients were females. They are here presented in a group, for a purpose which will be perceived by any person who carefully reads the whole of this article.

If Dr. Todd’s well-known group of 23 cases at the Hartford Retreat, and Dr. Galt’s group of 13 cases at Williamsburg, Va., were sufficient in number to justify the inferences in regard to curability which were drawn from them, and which were largely influential in establishing a prevailing belief, then may we safely be permitted to derive some inferences from this group, which is more than three times as numerous as both of them.

Age on Admission in 118 Cases of Insanity in Females.

AGE.		CASES.	
From 26 to 30 years, inclusive	. . . . .	1	
31 to 35 “ “	. . . . .	2	
36 to 40 “ “	. . . . .	2	
41 to 45 “ “	. . . . .	3	
46 to 50 “ “	. . . . .	17	
51 to 55 “ “	. . . . .	13	
56 to 60 “ “	. . . . .	30	
61 to 65 “ “	. . . . .	7	
66 to 70 “ “	. . . . .	25	
71 to 75 “ “	. . . . .	11	
Unknown . . . . .	. . . . .	7	
Total		118	

Inferences. — Insanity in females under 45 years of age is very rare, but it prevails to its greatest extent among those who are from 45 to 60 years old. It is also very frequent between the ages of 65 and 75 years.

Age at First Admission.

AGE.		CASES.	
From 26 to 30 years	. . . . .	23	
41 to 45 “	. . . . .	59	
46 to 50 “	. . . . .	36	
Total		118	

Inferences. — Of the three quinquennial periods in which all first admissions of insane females into hospitals take place, the period from 41 to 45 years of age furnishes the largest number. They are less frequent, though still numerous, from 46 to 50 years, and least frequent from 26 to 30 years.

Marital Relations.

It is a remarkable fact that, in all of these 118 cases, the patients were married.

Inferences. — Marriage is, in females, a most prolific cause of insanity. Mental disorders are apparently unknown among unmarried women.

Occupation, or Industrial Relations.

		CASES.	
Manufacturer's wife	. . . . .	59	
Farmer's wife	. . . . .	36	
Housekeeper	. . . . .	22	
Seamstress . . . . .	. . . . .	1	
Total		118	

Inferences.—Of all females, the wives of manufacturers are the most prone to become insane. The wives of farmers are likewise greatly liable to the disease, and housekeepers suffer largely from the malign influence. Seamstresses have been known to become insane, but very rarely. In all other positions in society it would appear that females are exempt from mental disease.

<i>Results. of Treatment.</i>								CASES.
Recovered	.	.	.	.	.	.	.	102
Much improved	.	.	.	.	.	.	.	1
Improved	.	.	.	.	.	.	.	5
Result not recorded	.	.	.	.	.	.	.	7
Unknown	.	.	.	.	.	.	.	2
Died	.	.	.	.	.	.	.	1
Total								118

Inferences.—Insanity in females is one of the most curable of all diseases. Of 118 patients treated in the hospitals, 102 went forth “clothed and in their right mind,” to bless their families, to make happy homes, and to become producers instead of consumers. This is equal to 86.44 per cent.

Deaths among insane females are as rare as recoveries are frequent. Of the 118 patients above mentioned, only one died. This is only eighty-four hundredths of one per cent of the cases treated. In what other disease of any severity is the mortality so small?

Explanation of the Foregoing Statistics.

On the assumption that my information is correct, and I have no reason to doubt either its authenticity or its accuracy, the foregoing tabulated figures are a true representation, so far as they go, of the history, in relation to insanity, of THREE PERSONS, all of them *married women*. The three women were admitted to hospitals a total of 118 times, and discharged as “recovered” (or under some recorded word or words which signified recovery) 102 times. Having contributed the 102 recoveries to the published statistics of insanity, one of them died, insane, in a hospital; another died, insane, at home; and the third and last, at the age of about 75 years, has entered an almshouse, there to spend the remainder of her days. In the future, as for many years in the past, so long as she lives, she will doubtless have from

one to two attacks of insanity annually ; and the probability is great that she will eventually die insane.

Portrait of Miss Dix.— The following preamble and resolution, which tell their own story, and require no comment in this place, were passed at the regular meeting of the Board of Trustees, held on the 5th of November, 1879, and placed upon the records of that day's proceedings :—

“ In view of the long and devoted labors of Miss D. L. Dix in the philanthropic enterprise for the improvement of the condition of the insane, it is eminently proper that some memorial of her should be in the possession of this institution, —

“ *Therefore voted,* That the Superintendent be authorized to request of Miss Dix a portrait of herself for one of the public rooms of this Hospital.”

A copy of this record was communicated to Miss Dix, and she kindly consented to comply with the request therein contained. The valuable gift, which is well executed and considered an excellent likeness, has been received and placed in the chapel.

Acknowledgments.— The obligations of the inmates of the Hospital are hereby acknowledged, with thanks, to the several persons who have contributed to their entertainment by gifts of valuable publications : to Silas M. Smith, for three bound volumes ; to Miss C. L. Bailey, for two bound volumes ; to Miss Florence Austin, for five bound volumes, and a quantity of magazines and newspapers ; to Mrs. J. H. Butler, for a large number of magazines ; to Miss Julia Clark, of the Northampton Book Club, for several volumes of magazines ; to S. E. Bridgman, for a quantity of religious newspapers ; and to the publishers of “ The Christian Register,” for one copy, weekly, and the publishers of “ The Staaten Zeitung,” for two copies, weekly, of those publications.

The curtain falls between us and the work of another vanished year ; and now, with an appreciative sense of the active interest and the honest and sincere endeavors of all those whose labors have given to that work its measure of success, whether it be the members of your Board or the persons who surround me in the Hospital, I look hopefully forward to the cares and the enjoyments, the certainties and the uncertainties, of the year that is to come.

PLINY EARLE.

APPENDIX.

APPENDIX.

THE table of general statistics near the beginning of the Superintendent's report, together with the first twenty-three of this Appendix, constitute the series already mentioned as adopted by the State Board of Health, Lunacy, and Charity, for the purpose of obtaining uniform statistics from the institutions for the insane which belong to this Commonwealth, as well as for the further purpose of getting those numerical results in a form by which the defects of former methods will be obviated, the sphere of the information conveyed by them enlarged, and that information made more accurate, and consequently more worthy of confidence.

The tables were not received until after the expiration of one-half of the official year, and hence there are some deficiencies in the filling of them which could not well be prevented. The eleventh is made up in the old method, by reporting the causes chiefly as alleged by the friends of the patients, or by other parties outside of the Hospital, rather than the *probable* causes, in the opinion of the Superintendent. The new method will probably be pursued in the preparation of this table in future.

Notwithstanding these imperfections, it is believed that, as a whole, the tables will immediately convince the reader of their great superiority over those which they have superseded.

2. Monthly Admissions, Discharges, and Averages.

MONTHS.	ADMISSIONS.			DISCHARGES. (Including Deaths.)			DAILY AVERAGE OF PATIENTS IN THE HOUSE.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
1879.									
October . .	5	5	10	2	4	6	227.03	220.03	447.06
November . .	5	6	11	2	5	7	229 20	218.53	447.73
December . .	5	8	13	6	5	11	229.58	220 93	450.51
1880.									
January . .	5	3	8	5	4	9	229 29	220.83	450.12
February . .	3	1	4	5	—	5	226.41	222.14	448.55
March . .	3	8	11	4	2	6	227.87	226.42	454.29
April . .	5	2	7	7	5	12	224.70	226.73	451.43
May . .	7	4	11	2	5	7	226.77	225.77	452.54
June . .	4	6	10	5	6	11	228.33	226.37	454.70
July . .	6	8	14	7	5	12	227 22	225.81	453.03
August . .	4	1	5	4	8	12	226 22	225.00	451.22
September .	7	6	13	11	4	15	224.60	220.13	444.73
Total of cases .	59	58	117	60	53	113	—	—	—
Total of persons,	58	57	115	59	52	111	—	—	—
Daily average for the year .	—	—	—	—	—	—	227.28	223.23	450.51*

* These totals were obtained by a division of the sums of daily residence for the year by 366, the number of days in the year.

3. Received on First and Subsequent Admissions.

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIMES PREVIOUSLY RECOVERED.		
	Males.	Females.	Total.	Males.	Females.	Total.
First	50	47	97	—	—	—
Second	6	7	13	2	3	5
Third	2	2	4	1	3	4
Fourth	1	1	2	3	2	5
Twelfth	—	1	1	—	8	8
Total of cases . .	59	58	117	6	16	22
Total of persons . .	58	57	115	—	—	—

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4. Ages of Persons admitted for the First Time.

AGES.	AT FIRST ATTACK OF IN-SANITY.			WHEN ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less . . .	3	2	5	2	—	2
From 15 to 20 years . . .	6	3	9	4	4	8
20 to 25 “ . . .	2	6	8	9	3	12
25 to 30 “ . . .	6	2	8	9	8	17
30 to 35 “ . . .	5	7	12	2	7	9
35 to 40 “ . . .	5	9	14	15	5	20
40 to 50 “ . . .	2	8	10	4	10	14
50 to 60 “ . . .	3	3	6	2	6	8
60 to 70 “ . . .	—	1	1	3	3	6
70 to 80 “ . . .	—	—	—	—	—	—
Over 80 years . . .	—	—	—	—	—	—
Unknown . . .	18	6	24	—	1	1
Total of <i>persons</i> . . .	50	47	97	50	47	97

5. Parentage of Persons admitted.

PLACES OF NATIVITY.	MALES.		FEMALES.		TOTAL.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts . . .	22	18	12	12	34	30
New Hampshire . . .	—	—	2	1	2	1
Vermont . . .	2	—	1	—	3	—
Rhode Island . . .	2	1	1	—	3	1
Connecticut . . .	1	6	2	5	3	11
New York . . .	1	2	1	2	2	4
Pennsylvania . . .	1	1	—	—	1	1
Virginia . . .	1	—	—	—	1	—
Louisiana . . .	—	1	—	—	—	1
Canada . . .	3	3	5	5	8	8
England . . .	1	1	3	3	4	4
Scotland . . .	—	—	3	3	3	3
Ireland . . .	18	18	23	23	41	41
France . . .	1	1	—	—	1	1
Germany . . .	4	4	—	—	4	4
Italy . . .	—	—	1	1	1	1
Syria . . .	—	—	1	1	1	1
Unknown . . .	1	2	2	1	3	3
Totals . . .	58	58	57	57	115	115

6. Residence of Persons admitted.

PLACES.						Males.	Females.	Total.
Massachusetts:								
Hampden County	.	.	.	.	.	23	36	59
Berkshire County	.	.	.	.	.	15	11	26
Hampshire County	.	.	.	.	.	9	5	14
Franklin County	.	.	.	.	.	9	4	13
Worcester County	.	.	.	.	.	2	—	2
Bristol County	.	.	.	.	.	—	1	1
Total of persons						58	57	115
Cities or large towns*						24	34	58
Country districts						34	23	57
Total of persons						58	57	115

* Containing not less than 10,000 inhabitants.

7. Civil Condition of Persons admitted.

NUMBER OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			DIVORCED.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First . . .	31	19	50	19	24	43	—	3	3	—	1	1
Second . . .	3	3	6	1	2	3	—	1	1	1	—	1
Third . . .	1	1	2	—	1	1	—	—	—	1	—	1
Fourth . . .	—	—	—	1	—	1	—	1	1	—	—	—
Twelfth . . .	—	1	1	—	—	—	—	—	—	—	—	—
Total of persons,	35	24	59	21	27	48	—	5	5	2	1	3

8. Occupations of Persons admitted.

OCCUPATIONS.	Ma.	Fe.	Tot.	OCCUPATIONS.	Ma.	Fe.	Tot.
Teacher	1	—	1	Carpenter	1	—	1
Student	2	—	2	Cabinet-maker . .	1	—	1
Clergyman's wife .	—	1	1	Basket-maker . . .	1	—	1
Insurance agent . .	1	—	1	Painter	1	—	1
Contractor	1	—	1	Painter's wife . .	—	1	1
Printer	1	—	1	Mason's wife . . .	—	1	1
Printer's wife . . .	—	1	1	Shoemaker	1	—	1
Farmer	5	—	5	Shoe-laster	1	—	1
Farmer's wife . . .	—	3	3	Miller	1	—	1
Farmer's son . . .	1	—	1	Barber	1	—	1
Farm-laborer . . .	5	—	5	Bar-tender	1	—	1
Teamster	1	—	1	Paper-maker	2	—	2
Teamster's wife . .	—	1	1	Rag-sorter (pick-			
Laborer	15	—	15	er)	—	1	1
Laborer's wife . . .	—	3	3	Whitewasher . . .	1	—	1
Butcher	1	—	1	Stucco-worker's			
Mill-operative . . .	3	5	8	wife	—	1	1
Weaver	1	3	4	Musician's wife . .	—	1	1
Mill-operative's wife,	—	1	1	Housekeeper . . .	—	3	3
Mill-operative's				Nurse	—	1	1
daughter	—	1	1	Domestic	—	2	2
Cutler	1	—	1	Pilot's daughter . .	—	1	1
Machinist	1	—	1	None	5	4	9
Armorer	1	—	1	Unknown	—	20	20*
Mechanic's wife . .	—	1	1				
Gold - pen maker's				Total of persons .	58	57	115
wife	—	1	1				

* These were female patients admitted before the tables were received.

9. Reported Duration of Insanity before Last Admission.

PREVIOUS DURATION.	FIRST ADMISSION TO ANY HOSPITAL.			ALL OTHER AD- MISSIONS.*			TOTAL.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital									
Under 1 month	8	8	16	—	—	—	8	8	16
From 1 to 3 months	11	12	23	—	—	—	11	12	23
3 to 6 “	5	5	10	—	—	—	5	5	10
6 to 12 “	4	2	6	—	1	1	4	3	7
1 to 2 years	4	2	6	1	1	2	5	3	8
2 to 5 “	9	6	15	2	4	6	11	10	21
5 to 10 “	1	4	5	1	3	4	2	7	9
10 to 20 “	1	3	4	3	1	4	4	4	8
Over 20 years	—	1	1	2	1	3	2	2	4
Unknown	7	4	11	—	—	—	7	4	11
Total of cases	50	47	97	9	11	20	59	58	117
Total of persons	—	—	—	—	—	—	58	57	115
Average of known cases	y. m. y. m. y. m.			yrs. yrs. yrs.			÷	—	—
	1 8 3 12 5			11 ⁸ / ₉ 7 ⁵ / ₁₁ 9 ⁹ / ₂₀					

* In this division of the table the whole period of time, from the first attack to the last admission, is indicated.

10. Form of Disease in the Cases admitted.

FORM OF DISEASE.	Males.	Females.	Total.
Mania, acute	24	20	44
Mania, chronic	13	16	29
Mania, paretic	2	—	2
Mania, epileptic	3	2	5
Typhomania	—	1	1
Monomania	2	—	2
Melancholia	8	15	23
Dementia	5	4	9
Not insane	2	—	2
Total of cases	59	58	117
Total of persons	58	57	115

11. Alleged Causes of Insanity in Persons admitted.

CAUSES.	Males.	Females.	Total.
<i>Mental.</i>			
Hard study	2	—	2
Domestic trouble	—	4	4
Trouble	1	2	3
Disappointment	—	3	3
Pecuniary trouble	1	—	1
Religious excitement	1	1	2
Nostalgia	1	—	1
Loss of friends	—	3	3
Total of mental	6	13	19

11. Alleged Causes of Insanity in Persons admitted — Con.

CAUSES.	Males.	Females.	Total.
<i>Physical.</i>			
Ill health	5	6	11
Intemperance	6	2	8
Overwork	4	4	8
Masturbation	6	1	7
Injury to head	2	—	2
Epilepsy	3	1	4
Cerebral meningitis	—	1	1
Syphilis	1	—	1
Child-birth	—	1	1
Lactation	—	1	1
Change of life	—	3	3
Constitutional	—	3	3
Periodical	—	1	1
Congenital	1	1	2
Total of physical	28	25	53
Total of mental	6	13	19
Unknown	22	19	41
Not insane	2	—	2
Total of persons	58	57	115

12. Relation to Hospitals of the Persons admitted.

	Males.	Females.	Total.
Never before in any hospital	46	40	86
Former inmates of this hospital	7	7	14
Former inmates of other hospitals in this State:—			
Danvers	1	—	1
Taunton	—	1	1
Former inmates of hospitals in other States .	2	4	6
Former inmates of this hospital and of other hospitals in this State (Worcester)	—	2	2
Former inmates of this hospital and of hospitals in other States	—	1	1
Former inmates of other hospitals in this State (Danvers), and of hospitals in other States	1	—	1
Former inmates of this hospital, of other hospitals in this State (Worcester), and of hospitals in other States	1	—	1
Former inmates of hospital in Canada	—	1	1
Former inmates of hospital in England	—	1	1
Total of persons	58	57	115

13. Discharges, classified by Admission and Result.

ADMISSION.			RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.			TOTAL.		
			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
First	.	.	13	8	21	5	6	11	9	11	20	9	7	16	14	11	25	50	43	93
Second	.	.	*2	—	2	—	—	—	2	1	3	—	2	2	2	1	3	6	4	10
Third	.	.	1	3	4	—	—	—	—	—	—	—	1	1	1	—	1	2	4	6
Fourth	.	.	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Twelfth	.	.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Total of cases	.	.	16	12	28	5	7	12	11	12	23	9	10	19	17	12	29	58	53	111
Total of persons *	.	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	57	52	109

* Two men were discharged as not insane, making the total of cases 113, and the total of persons 111.

14. How supported.

SUPPORTED AS	PATIENTS ADMITTED.			AVERAGE OF THE YEAR.		
	Males.	Females.	Total.	Males.	Females.	Total.
State patients . . .	17	16	33	—	—	197.03
Town patients . . .	29	31	60	—	—	198.01
Private patients . . .	13	11	24	—	—	55.46
Total of cases . . .	59	58	117	—	—	450.50

15. Cases discharged Recovered. Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Congenital . . .	—	—	—	—	—	—	—	—	—
Under 1 month . .	6	4	10	1	2	3	—	—	—
From 1 to 3 mos.	2	3	5	8	4	12	1	4	5
3 to 6 “ . . .	4	2	6	4	3	7	5	2	7
6 to 12 “ . . .	1	—	1	2	2	4	5	3	8
1 to 2 yrs. . . .	—	—	—	1	1	2	2	1	3
2 to 5 “	—	1	1	—	—	—	—	1	1
5 to 10 “ . . .	—	—	—	—	—	—	—	—	—
10 to 20 “ . . .	—	—	—	—	—	—	—	—	—
Over 20 years . .	—	—	—	—	—	—	—	—	—
Unknown	3	2	5	—	—	—	3	1	4
Total of cases . .	16	12	28	16	12	28	16	12	28
Total of persons,	16	12	28	16	12	28	16	12	28
Average of known cases (in mos.),	$2\frac{7}{13}$	$5\frac{3}{5}$	$3\frac{20}{23}$	$4\frac{5}{16}$	5	$4\frac{17}{28}$	$6\frac{3}{8}$	$9\frac{7}{12}$	$7\frac{11}{14}$

16. Cases resulting in Death. Duration.

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION FROM THE ATTACK.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital .	1	—	1	—	—	—	—	—	—
Under 1 month .	2	1	3	1	1	2	—	—	—
From 1 to 3 mos.	2	1	3	2	2	4	1	1	2
3 to 6 “	1	4	5	1	1	2	2	—	2
6 to 12 “	2	—	2	1	1	2	—	4	4
1 to 2 yrs.	2	2	4	4	—	4	2	—	2
2 to 5 “	2	1	3	3	2	5	3	—	3
5 to 10 “	2	1	3	3	3	6	2	3	5
10 to 20 “	2	1	3	2	1	3	4	1	5
Over 20 years .	—	—	—	—	1	1	2	2	4
Unknown .	1	1	2	—	—	—	1	1	2
Total .	17	12	29	17	21	29	17	12	29
Average of known cases (in mos.),	85	34 ² / ₁₁	64 ⁸ / ₂₇	42	73	54 ²⁴ / ₂₉	122	104 ¹ / ₃	114

17. Cases discharged by Recovery or Death.

FORM OF INSANITY.	RECOVERIES.			DEATHS.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania, acute . . .	14	7	21	3	—	3
Mania, chronic . . .	—	—	—	1	2	3
Mania, paretic . . .	—	—	—	4	—	4
Mania, epileptic . . .	—	1	1	4	—	4
Typhomania . . .	—	—	—	—	1	1
Monomania . . .	—	—	—	—	—	—
Melancholia . . .	2	4	6	—	5	5
Dementia . . .	—	—	—	5	4	9
Total of cases . . .	16	12	28	17	12	29
Total of persons . . .	16	12	28	17	12	29

18. Causes of Death.

CAUSES.					Males.	Females.	Total.
<i>Nervous System.</i> — Paresis					4	—	4
Epilepsy					4	—	4
Apoplexy					—	1	1
Typhomania					—	1	1
Nervous exhaustion					1	—	—
<i>Respiratory.</i> — Phthisis pulmonalis					2	3	5
Tuberculosis					—	1	1
Pulmonary congestion					—	1	1
Pneumonia					1	1	2
<i>Circulatory.</i> — Disease of heart					2	—	2
<i>Digestive.</i> — Gastritis					—	1	1
<i>General.</i> — Inflammatory rheumatism					1	—	1
Marasmus					2	—	2
Old age					—	1	1
<i>Accidental.</i> — Injury from fall					—	1	1
Suicide					—	1	1
Totals					17	12	29

19. Deaths, classified by Results of Previous Admissions.

NO. OF THE AD- MISSION.	RECOVERED.			MUCH IM- PROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First	—	—	—	—	—	—	1	1	2	2	—	2	3	1	4
Second	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Total of cases,	—	—	—	—	—	—	1	1	2	3	—	3	4	1	5*

* These five cases represent but four persons, one of the persons having had two former admissions, and, consequently, two results.

20. Recoveries, classified by Results of Previous Admissions.*

NO. OF THE AD- MISSION.	RECOVERED.			MUCH IM- PROVED.			IMPROVED.			UNIMPROVED.			TOTAL		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
First	13	8	21	—	—	—	—	—	—	—	—	—	13	8	21
Second	1	—	1	1	—	1	—	—	—	—	—	—	2	—	2
Third	1	3	4	—	—	—	—	—	—	—	—	—	1	3	4
Fourth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Twelfth	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Tot. of persons,	15	12	27	1	—	1	—	—	—	—	—	—	16	12	28

* In all the cases of more than one admission, this classification is based upon the result of the admission next preceding the last, in each case respectively.

21. Deaths, classified by Duration of Insanity and of Treatment.

PERIOD.	DURATION OF INSANITY.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.*		
	Males.	Females.	Total.	Males.	Females.	Total.
Congenital	—	—	—	—	—	—
Under 1 month . . .	—	—	—	1	1	2
From 1 to 3 months . .	1	1	2	2	2	4
3 to 6 “	1	—	1	1	1	2
6 to 12 “	—	4	4	1	1	2
1 to 2 years	2	—	2	4	—	4
2 to 5 “	4	—	4	3	2	5
5 to 10 “	2	3	5	3	3	6
10 to 20 “	4	1	5	2	1	3
Over 20 years	2	3	5	—	1	1
Unknown	1	—	1	—	—	—
Total	17	12	29	17	12	29
Average of known cases (in months)	122	104 $\frac{1}{3}$	114	42	73	54 $\frac{2}{9}$

* Eight of the patients, four men and four women, represented in this table, had been treated in other hospitals; but the time of their residence there is not known; and therefore not included.

22. Ages of Those who Died.

AGES.	AT TIME OF THE FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Total.	Males.	Females.	Total.
Fifteen years and less . .	2	—	2	—	—	—
From 15 to 20 years . . .	2	1	3	1	—	1
20 to 25 “	—	—	—	1	1	2
25 to 30 “	2	2	4	3	—	3
30 to 35 “	1	3	4	—	1	1
35 to 40 “	1	2	3	3	4	7
40 to 50 “	1	2	3	5	1	6
50 to 60 “	3	2	5	1	3	4
60 to 70 “	1	—	1	3	—	3
70 to 80 “	—	—	—	—	2	2
Unknown	4	—	4	—	—	—
Totals	17	12	29	17	12	29

1868-69	.	.	12	21	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	7	14
1869-70	.	.	10	9	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	6	11
1870-71	.	.	16	14	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	12	24
1871-72	.	.	18	13	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	13	22
1872-73	.	.	13	10	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	12	23
1873-74	.	.	19	19	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16	16	31
1874-75	.	.	14	16	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20	20	38
1875-76	.	.	13	14	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21	21	38
1876-77	.	.	13	16	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28	28	54
1877-78	.	.	9	12	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	13	25
1878-79	.	.	14	9	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	11	27
1879-80	.	.	8	10	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34	34	64
Totals .	.	.	280	244	524	2	4	6	-	1	1	3	1	4	-	-	-	-	-	-	-	223	223	446

24. Relapsed Cases admitted in each Year, and discharged in 1880.

YEARS ENDING SEPT. 30.	CASES PREVIOUSLY RECOVERED IN THIS HOSPITAL.																		REMAINING SEPT. 30, 1880.		
	DISCHARGED AND DIED IN 1880.																				
	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			DIED.								
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.						
1858, 2 mos.																					
1858-59	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1859-60	5	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1860-61	8	7	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1861-62	6	2	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1862-63	5	8	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1863-64	6	10	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1864-65	8	4	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1865-66	4	3	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1866-67	11	6	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1867-68	8	7	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1868-69	6	9	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1869-70	5	4	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1870-71	5	6	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1871-72	8	6	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1872-73	6	5	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1873-74	7	8	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1874-75	2	5	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1875-76	5	6	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1876-77	7	8	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1877-78	4	6	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1878-79	4	5	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
1879-80	3	6	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Totals	125	121	246	2	4	6	-	-	-	-	-	-	1	-	1	-	-	11	17	28	

Also, recovered elsewhere, not known.

25. *Classed Average of Patients.*

OFFICIAL YEAR.	State Patients.	Town Patients.	Private Patients.	Total.
<i>Monthly Average.</i>				
1864-65 . . .	225.10	48.16	69.83	343.25
1865-66 . . .	252.16	50.58	75.58	378.33
<i>Weekly Average.</i>				
1866-67 . . .	261.96	49.46	89.75	401.17
1867-68 . . .	262.65	47.92	103.06	413.63
1868-69 . . .	248.52	54.98	101.46	404.96
1869-70 . . .	236.19	65.04	107.23	408.46
1870-71 . . .	234.10	77.07	118.38	429.55
1871-72 . . .	226.96	89.57	112.27	428.80
1872-73 . . .	248.02	99.23	90.00	437.25
1873-74 . . .	284.48	102.88	82.06	469.42
1874-75 . . .	274.35	128.34	72.46	475.15
1875-76 . . .	259.19	146.02	68.94	474.15
1876-77 . . .	254.84	161.58	60.02	476.44
1877-78 . . .	211.90	175.71	54.75	442.36
1878-79 . . .	200.34	182.29	54.23	436.86
1879-80 . . .	197.03	198.01	55.46	450.50

26. *Monthly Consumption of Gas.*

MONTHS.							Cubic Feet.	Daily Average.
1879.								
October							33,750	1,088.70
November							41,200	1,373.33
December							45,950	1,482.25
1880.								
January							43,150	1,391.93
February							35,250	1,215.51
March							29,750	959.67
April							20,200	673.33
May							12,850	414.51
June							10,200	340.00
July							10,100	325.80
August							12,600	406.45
September							19,900	663.33
Totals							314,900	860.38*

* Daily average for the year.

2d Hall	.	24	28	2	-	-	10	-	16	9	5	5	5	208	6	10	99	48	246	81	215	200	64	79	18	6	52	41	-	-
3d Hall	.	48	36	2	-	-	4	-	-	-	-	-	-	6	6	12	3	-	12	12	6	42	-	6	-	-	3	3	-	-
4th Hall	.	12	-	2	-	-	4	-	10	2	1	1	1	15	1	-	2	-	-	6	6	-	-	-	-	-	5	-	-	-
Middle 1st Hall	.	20	31	10	2	3	14	-	22	5	-	-	-	12	-	-	5	8	-	-	12	18	-	8	2	-	4	-	-	-
2d Hall	.	24	28	-	-	2	8	6	26	5	-	1	1	12	-	-	14	6	-	12	6	12	-	-	3	-	-	-	-	-
3d Hall	.	12	-	-	-	-	1	-	-	2	-	-	-	18	-	1	12	3	18	-	12	-	12	-	1	1	-	-	-	-
4th Hall	.	16	2	3	6	2	3	-	-	2	-	-	-	3	-	1	1	-	6	-	-	-	6	3	2	1	2	2	-	-
Lower 1st Hall	.	-	32	6	-	1	8	1	6	2	-	-	-	7	-	-	6	3	-	-	-	6	-	-	-	-	4	-	-	-
2d Hall	.	24	32	-	-	-	22	-	14	-	-	-	-	6	-	-	23	-	-	-	-	6	12	-	-	-	-	-	-	-
3d Hall	.	24	-	-	-	-	6	1	28	-	-	-	-	6	-	-	5	3	-	-	-	-	-	-	-	-	-	-	-	-
4th Hall	.	6	2	-	-	-	-	-	4	-	-	-	-	-	-	-	2	2	12	-	-	-	-	-	1	-	-	-	-	-
Kitchen .	.	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	1	-	132	24	36	54	-	34	1	2	16	24	-	-
Rear .	.	12	15	8	-	-	3	-	40	-	1	1	1	5	1	-	1	3	-	-	-	-	-	-	1	-	-	-	-	-
Centre .	.	-	9	1	3	-	-	-	4	-	-	-	-	-	-	-	-	-	-	6	-	4	-	-	-	-	-	-	-	-
Aggregate	.	524	480	86	67	47	206	43	255	62	5	5	5	208	6	10	99	48	246	81	215	200	64	79	18	6	52	41	1	-

27. Supplies for the Several Departments for the Year 1879-80 — Concluded.

	Spoons.	Glass Casters.	Table-spreads.	Napkins.	Tin Plates.	Tin Cups.	Iron Spoons.	Dish-towels.	Rollers.	Wash-basins.	Soap, pounds.	Brooms.	Whisks.	Dust-brushes.	Scrubbing-brushes.	Dust-pans.	Mops.	Pails.	Spittoons.	Blacking.	Shoe-brushes.	Spools Thread.	Skeins Linen Thread.	Papers Needles.	Papers Pins.	It. Chambers.
<i>Men's Department.</i>																										
Upper 1st Hall .	14	3	—	18	—	—	3	12	6	—	32	9	2	2	—	—	—	3	2	3	6	—	—	—	1	—
2d Hall .	—	—	1	—	3	5	30	18	6	—	50	26	2	2	4	1	—	2	2	2	9	1	—	—	1	—
3d and 4th Halls .	—	—	—	—	—	—	19	22	12	—	62	19	1	1	4	—	—	1	2	1	13	1	—	—	—	—
Middle 1st Hall .	—	5	—	—	—	—	—	6	6	—	44	19	1	1	—	—	—	—	—	—	14	3	—	—	—	—
2d Hall .	—	3	—	—	12	6	12	6	—	1	46	19	—	1	2	—	—	2	2	—	17	3	—	—	—	—
3d and 4th Halls .	—	—	—	—	—	—	6	6	6	—	42	16	1	—	1	1	—	2	2	1	17	2	—	—	—	—
Lower 1st Hall .	—	—	—	—	—	—	12	6	—	—	42	16	—	—	1	1	—	3	2	1	16	—	—	—	—	—
2d Hall .	—	—	—	—	—	12	6	24	12	1	66	23	—	2	3	3	—	6	4	2	18	2	—	—	—	—
3d and 4th Halls .	—	1	—	—	—	6	40	—	12	1	54	15	1	—	1	—	—	3	1	3	10	1	—	—	—	—
<i>Women's Department.</i>																										
Upper 1st Hall .	—	—	—	—	—	—	—	—	—	—	30	3	—	—	—	1	—	1	1	—	—	—	—	—	—	3

2d Hall	.	.	-	1	2	-	-	-	-	-	-	-	40	13	1	-	-	-	-	1	1	-	10	-	2	-	-
3d Hall	.	.	-	-	-	-	18	-	-	-	-	-	40	12	-	-	-	-	-	1	1	-	5	-	3	2	-
4th Hall	.	.	-	1	3	-	-	-	6	6	-	-	32	9	1	1	1	-	-	1	-	4	-	3	5	-	-
Middle 1st Hall	.	.	-	-	-	-	-	-	6	6	1	-	56	14	-	-	-	-	-	1	3	8	-	1	6	-	-
2d Hall	.	.	-	-	-	24	-	-	-	-	-	46	21	1	1	-	-	-	4	2	30	-	7	10	-	-	
3d Hall	.	.	-	1	-	6	12	6	6	6	-	48	16	-	-	1	-	-	1	3	17	2	3	9	-	-	
4th Hall	.	.	-	-	2	-	-	6	6	1	1	44	7	-	-	-	-	-	1	-	8	-	-	4	-	-	
Lower 1st Hall	.	.	-	3	-	-	-	6	6	-	-	42	16	-	1	-	-	-	-	-	4	-	2	5	-	-	
2d Hall	.	.	-	2	-	6	30	6	6	-	-	66	22	-	-	-	-	-	4	2	18	-	4	11	-	-	
3d Hall	.	.	-	-	-	-	-	-	-	-	-	30	10	-	-	1	1	-	1	2	8	-	1	6	-	-	
4th Hall	.	.	-	-	3	-	-	-	-	-	-	14	4	-	-	-	-	-	1	2	15	2	-	5	-	-	
Kitchen	.	.	12	-	2	-	12	8	6	8	20	87	61	-	-	-	-	-	2	3	-	-	-	-	-	-	
Rear	.	.	-	-	3	-	4	-	-	-	-	168	87	5	2	4	1	-	6	1	-	-	-	9	-	-	
Centre	.	.	-	-	-	-	-	-	-	-	-	24	16	3	1	2	1	-	2	1	-	-	-	-	-	-	
Aggregate	.	.	26	20	16	18	27	71	200	144	92	1,205	473	19	15	25	13	49	39	20	121	13	127	4	26	77	16

28. Days' Work by Patients.

MONTHS.	FARM.	KITCHEN.			SEWING-ROOM.	LAUNDRY.		
	Men.	Men.	Women.	Total.	Women.	Men.	Women.	Total.
1879.								
October .	727	124	272	396	214	23	301	324
November .	491	120	232	352	212	20	269	289
December .	495	124	242	366	164	23	308	331
1880.								
January .	522	124	228	352	178	22	310	332
February .	293	116	252	368	148	20	276	296
March . .	346	124	254	378	146	23	327	350
April . .	637	120	239	359	149	22	309	331
May . .	723	124	244	368	127	21	305	326
June . .	775	120	262	382	126	22	325	347
July . .	802	124	234	358	159	23	321	344
August . .	734	124	261	385	145	22	297	319
September .	689	120	270	390	139	22	304	326
Totals .	7,234	1,464	2,990	4,454	1,907	263	3,652	3,915

The total of days' work here recorded is 17,510. This is what was performed by the regular workers on the farm and in the three departments mentioned. No record was kept of the time of work on the ornamental grounds, at the stable, in the bakery, the boiler-room, the mattress-room, and the carpenter's shop. A large amount of other work is done both in the halls, and, at irregular times, out of them.

29. List of Articles made in the Sewing-Room.

Dresses	267	Straw-ticks	97
Chemises	209	Sheets	509
Skirts	244	Pillow-cases	453
Sacques	10	Bolster-cases	44
Drawers	63	Bureau-cover	1
Aprons	205	Clothes-bags	29
Night-dresses	5	Towels	287
Waists	5	Roller-towels	137
Caps	15	Table-spreads	70
Under-vests	2	Table-cloths	16
Hats trimmed	38	Bed-spreads made	7
Shirts	380	Bed-spreads hemmed	50
Pants (pairs)	6	Curtains	65
Suspenders	199	Carpet made	1
Camisoles	39	Carpet-strips hemmed	75
Collars	175	Napkins hemmed	14
Handkerchiefs hemmed	151	Carriage-linings	2
Mattress-ticks	149	Carriage-cover	1
Pillow-ticks	37	Sundries	4
Feather-ticks	11	Articles repaired	20,568
Bolster-ticks	8		

30. Upholstery done in the Year.

Hair-mattresses made, new materials	6
Hair-mattresses made, new ticks	74
Husk-mattresses made, new materials	60
Husk-mattresses made, new husks	25
Husk-mattresses overhauled, with increase of husks	47
Hair-pillows made, new materials	17

31. Annual Cost of Gas.

YEAR.	Cost of Gas.	Average Number of Patients.	Cost per Patient.
1860-61	\$2,030 39	314.26	\$6 46
1861-62	2,085 29	313.80	6 64
1862-63	2,109 02	355.63	5 93
1863-64	2,069 79	357.63	5 78
1864-65	1,653 05	342.40	4 82
1865-66	1,107 98	376.35	2 94
1866-67	1,056 16	401.03	2 63
1867-68	1,022 51	413.41	2 47
1868-69	903 92	405.10	2 23
1869-70	915 30	408.83	2 23
1870-71	1,043 99	421.90	2 47
1871-72	980 94	428.72	2 28
1872-73	1,006 61	437.23	2 30
1873-74	1,066 74	469.54	2 27
1874-75	1,012 63	475.35	2 13
1875-76	1,089 82	474.21	2 29
1876-77	1,033 59	476.16	2 17
1877-78	1,066 02	442.43	2 41
1878-79	1,033 05	436.73	2 37
1879-80	945 00	450.51	2 10

The Hospital has always been supplied with gas by the Northampton Gas-Light Company. Until April 1, 1879, the price was \$3.25 per thousand cubic feet, with an additional charge for meter-rent. Since that time it has been but \$3.00, including meter-rent.

32. Trustees of the Northampton Lunatic Hospital.

NAME.	Residence.	When app'ted.	Service ended.	From what Cause.
Charles E. Forbes .	Northampton .	1856	1857	Term expired.
Lucien C. Boynton .	Uxbridge .	1856	1858	do. do.
Eliphalet Trask .	Springfield .	1856	1875	do. do.
John C. Russell *	Great Barrington,	1856	1859	Resigned.
Horace Lyman .	Greenfield .	1856	1857	Removed.
Charles Smith .	Northampton .	1857	1860	Resigned.
Luther V. Bell *	Somerville .	1857	1859	do.
Zebina L. Raymond *	Greenfield .	1858	1859	do.
Franklin Ripley *	Greenfield .	1859	1860	Died in office.
Edward Dickinson *	Amherst .	1859	1864	Resigned.
Walter Laffin *	Pittsfield .	1859	1866	Term expired.
Silas M. Smith .	Northampton .	1860	1863	do. do.
Charles Allen .	Greenfield .	1860	1861	Resigned.
Alfred R. Field *	Greenfield .	1861	1864	do.
Edward Hitchcock .	Amherst .	1863	1879	do.
Silas M. Smith .	Northampton .	1864	—	Still in office.
Edmund H. Sawyer *	Easthampton .	1864	1879	Died in office.
Henry L. Sabin .	Williamstown .	1866	1876	Term expired.
Adams C. Deane .	Greenfield .	1875	—	Still in office.
Henry W. Taft .	Pittsfield .	1876	—	do. do.
William M. Gaylord,	Northampton .	1879	—	do. do.
Lyman D. James .	Williamsburg .	1879	—	do. do.

* Deceased.

33. Number of Persons other than Officers employed in the Regular Duties of the Hospital.

OCCUPATIONS.	Males.	Females.	Total.
Supervisors	1	1	2
Assistant Supervisors	—	1	1
Assistant Clerk	—	1	1
Seamstress	—	1	1
Assistant Seamstress	—	1	1
Laundress	—	1	1
Assistant Laundress	—	1	1
Baker	1	—	1
Assistant Baker	1	—	1
Steward	1	—	1
General Attendants	11	15	26
Housework, centre building	—	2	2
Cook	—	1	1
Assistant Cooks	1	3	4
Rear Dining-room	—	1	1
Watchman	1	—	1
Carpenters	3	—	3
Painter	1	—	1
Assistant Engineer	1	—	1
Night Engineer	1	—	1
Hostler	1	—	1
Paver and Lawn-dresser	1	—	1
Farmers	7	—	7
Totals	32	29	61

34. Officers and Employés.

TIME EMPLOYED MARCH 1, 1880.

NAME.	Years.	Months.	Days.
Pliny Earle, M.D., Superintendent	15	7	26
Edward B. Nims, M.D., 1st Assistant Physician	11	2	14
Daniel Pickard, M.D., 2d Assistant Physician	2	10	22
Walter B. Welton, Clerk	14	—	14
Asa Wright, Farmer	22	3	—
Danford Morse, Engineer	15	—	7
Jeremiah E. Shufelt, Supervisor	15	10	4
Lucy A. Gilbert, Supervisor	13	—	18
F. Josephus Rice, Steward	21	4	24
Mary Ward, Seamstress	9	6	3
Nell Russell, Laundress	2	11	8
Charles Ziehlke, Baker	17	6	—
Frances C. Earle, Assistant Clerk	7	11	6
Atlanta J. McPhee, Assistant Supervisor	4	5	12
Carrie T. Roberts, Assistant Seamstress	—	10	12
Minnie J. Howes, Assistant Laundress	1	9	19
Perry Davis, Attendant	10	4	16
Robert H. Gallivan, Attendant	6	10	11
Thomas Powers, Attendant	5	11	11
James Neill, Attendant	4	11	6
Walter Pillinger, Attendant	5	9	29
Michael Powers, Attendant	1	10	6
Allen M. Towne, Attendant	—	9	24
Albert Alberty, Attendant	—	4	16
Curtis Carmean, Attendant	—	2	13
Willard C. Ellis, Attendant	—	7	—
Maria E. Graves, Attendant	12	1	7
Martha R. Harris, Attendant	5	6	7
Jane McGuire, Attendant	4	10	3
Nellie M. Henchy, Attendant	4	2	2
Mary Ransom, Attendant	4	3	15
Victoria S. Shumway, Attendant	3	8	9
Cora Woodard, Attendant	3	4	10
Cécile Riel, Attendant	3	4	23
Florence F. Rice, Attendant	2	5	18
Minnie J. Guilfoil, Attendant	1	5	24
Ida R. Howe, Attendant	—	11	16
Maggie F. McKenna, Attendant	—	11	9
Isabel R. Delvy, Attendant	—	10	3
Mary C. McKenna, Attendant	—	9	26
Alice K. Sprague, Attendant	—	6	4
Julia B. Haskell, Cook	3	8	2
Eva Dowe, Assistant Cook	2	8	8
M. J. Lavery, Assistant Cook	2	7	1
Charles H. Lacore, Assistant Cook	1	9	6

Officers and Employés — Concluded.

NAME.	Years.	Months.	Days.
Carrie Egen, Assistant Cook	—	4	18
Hattie Roberts, Centre	—	5	14
Emma Valcour, Centre	1	4	22
Harriet Halliday, Farmers' Dining-room	5	7	11
William C. Hall, Assistant Engineer	14	5	17
Nicholas Riel, Night Engineer	4	2	25
Andrew N. Thorington, Watchman	9	1	30
Sifroi Belville, Carpenter	9	10	7
Waldy Tetro, Carpenter	6	11	23
Walter Tower, Carpenter	3	3	—
Alfred Parenteau, Painter	14	6	18
David Mercier, Hostler	3	—	14
Charles Egen, Assistant Baker	2	5	4
James Madden, Paver and Lawn-dresser	6	10	—
Benjamin Rockwell, Assistant Farmer	12	9	—
John Mercier, Assistant Farmer	12	8	—
Eugene Sullivan, Assistant Farmer	7	10	—
Elson E. Howes, Assistant Farmer	2	11	23
Julius Freeman, Assistant Farmer	2	7	24
Henry Wilson, Assistant Farmer	—	10	8

Twelve of the persons have not been in their present situations during the whole period of service; for example, the supervisors, the assistant supervisor, and the seamstress, were formerly attendants.

Nine of the persons have been employed more than once. In the e instances the table gives the total time of service.

35. *Salaries and Wages.*

Superintendent	per year, \$2,200 00
Treasurer	“ 300 00
Treasurer (for clerk hire, <i>and paid to a clerk</i>) . . .	“ 200 00
Assistant Physician	“ 1,300 00
Assistant Physician	“ 750 00
Clerk (who makes the purchases)	“ 900 00
Farmer	“ 900 00
Engineer	“ 900 00
Assistant Clerk	per month, 30 00
Male Supervisor	“ 46 00
Female Supervisor	“ 25 00
Steward (with chief work in kitchen)	“ 46 00
Seamstress	“ 20 00
Assistant Seamstress	“ 14 00
Two Laundresses, each	“ 16 00
Baker	“ 46 00
Assistant Baker	“ 18 00

Men attendants are paid \$21 per month for the first three months of service, \$23 the next three months, \$25 the next six months, and \$28 afterwards.

Female attendants are paid \$13 per month the first three months, \$14 the next three months, \$15 the next six months, and \$16 afterwards.

In the kitchen are one woman at \$15 per month, and three at \$14 each, and one man at \$18.

In the centre and the rear building are one woman at \$15 per month, and two at \$14 each.

Assistant Engineer	per month, \$32 00
Night Engineer	“ 28 00

Farm and stable, — one man at \$32 per month, two at \$28, three at \$25, one at \$23, and one at \$20, all with board ; and one at \$1.25 per day, without board.

Watchman	per month, \$28 00
Painter	“ 50 00

Carpenters, — one at \$2.75 per day, with dinner ; one at \$2.25, with table-board ; and one at \$1.50, with table-board.

The regular number of attendants is twenty-six, of whom eleven are men, and fifteen women. The daily average number of patients for the year just closed was 450. Hence we find that the average number of patients to each attendant is, for the men, twenty ; for the women, fifteen ; for the total of both sexes, seventeen.

